

CHILDREN, FAMILIES & ALCOHOL USE

Essential Information
for Social Workers

A BASW Pocket Guide

Supported by:



Tilda Goldberg Centre
for social work
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Purpose of the guide

This guide aims to support Social Workers in their practice with people who use alcohol and who have families. While it focuses on preventing alcohol-related harm to children, harm to other dependents is an increasing area of concern for social work. This guide may be relevant to other social care and health professionals. Information in this pocket guide should be supplemented by other learning and reading.

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Remember

Alcohol is the substance Social Workers are most likely to encounter in their work.

ALCOHOL & FAMILIES: KEY MESSAGES

- * Nobody – including parents – starts drinking because they want to develop a problem.
- * Alcohol use alone does not cause neglect, abuse or lack of care – poor parenting does.
- * Problematic drinking can contribute to abuse, neglect and harm.
- * Changing drinking behaviour does not automatically lead to improved parenting. Don't assume it will.

N.B. Changing alcohol use can increase stress: you may need to be vigilant and offer extra emotional and practical support to people at times of change.

- * Even if parents are worried about their drinking they are unlikely to self-refer to social work.
- * Detecting alcohol use is not the same as identifying problematic use.
- * All professional Social Workers should be able to deliver alcohol information and brief advice.
- * Specialist alcohol treatment agencies expect to work in partnership with, and support, other agencies.
- * In feedback service users have explained that they recognise Social Workers have a difficult job to do.
- * It is possible for social workers to successfully intervene with positive outcomes for all.

PARENTAL ALCOHOL PROBLEMS

Estimates suggest 3 in 10 children (under 16) may have a parent with an alcohol problem. The prevalence on social work case loads is likely to be much higher. We do know problematic alcohol use often features in:

- * Serious Case Reviews
- * Child Neglect, Physical and Sexual Abuse
- * Domestic Abuse and Domestic Violence
- * Mental and Physical Health issues

Because we know these things exploring alcohol issues should be routine in all family work.

Remember:

- * Alcohol problems may also overlap with deprivation such as bad housing, poverty, ill health and poor educational attainment by children. Deprivation doesn't cause drink problems, but it can increase the chances that alcohol becomes a problem.
- * People may find it hard to be consistent in relationships with family members and with professionals if they drink regularly or daily.
- * Even people with problems have had positive alcohol experiences: people will be ambivalent about changing as a result. You need to be aware that ambivalence is a barrier to change and work with it.

IMPACT ON PARENTING

“Social workers think alcohol is an easy choice.”

Parents are often concerned about the negative impact of their alcohol use on their parenting and their children but are afraid to talk about it. You need to be skilled and sensitive in your approach to facilitate disclosure.

When alcohol use becomes a problem it may involve different types of poor parenting behaviour:

Disorganisation: if the priority is obtaining and drinking alcohol, care for others will come second.

Inconsistency: emotions and moods may vary unpredictably with intoxication and anxiety. The effects of alcohol can lead to highs and lows.

Going without: if money goes to pay for alcohol, spending on food and other essentials suffers.

Inadequate parenting: with frequent intoxication, emotional and practical care responses will suffer. For example, volatile moods may result in overly strict or emotionally withdrawn parenting.

N.B. It is the *poor parenting behaviour* that results in social work contact and should be the focus of the intervention: addressing the alcohol use will only be part of the solution.

IMPACT ON CHILDREN

Parents are the primary role models and educators for children about alcohol use. The negative impacts on children of parents with alcohol problems include:

Physical development: failure to thrive as infants and delayed or poor health and development in later years.

Psychological health: poor self esteem; anxiety; emotionally withdrawn.

Educational achievement: low attainment; disrupted school attendance, over achieving.

Behaviour: social isolation; early sexualisation / vulnerable to exploitation; early alcohol use.

Young people whose parents have problems with drink can seem mature. They may have taken on practical carer roles – for siblings and for their parents. They may try to protect parents; helping to hide or minimise their drinking while being in significant conflict with them.

All this is characteristic of troubled young people; parental alcohol use is just one factor to assess. Assessing the impact of parental drinking on children must always be an individual assessment. If the children can articulate the effect their parents' drinking has on them this can boost the parent's motivation to change. Your role includes facilitating this kind of communication.

ALCOHOL & REPRODUCTIVE HEALTH

Regular alcohol use can have a range of negative effects on fertility, especially for women.

Fertility and menstruation can be negatively affected by alcohol use. Drinking can reduce the chances of conception and increase the risk of miscarriage. Social workers should liaise with health services to support service users around fertility, conception and pregnancy.

Pregnancy: current advice is for women to avoid drinking in the first trimester of pregnancy. **Foetal Alcohol Spectrum Disorder** can affect children born to alcohol using mothers. Harm related to fathers' alcohol use is less well understood. Research suggests FASD is linked with frequent, heavy drinking during the 1st or 3rd trimesters although only some children are affected.

Children affected by FASD can experience a range of problems including delayed development, central nervous system damage leading to learning and behaviour difficulties, and physical differences. These effects seem to persist, with **older children** having low awareness of danger, poor sense of time and needing repeated instruction and guidance. One to one attention is advised. Teachers, health and social care providers need support in working with children affected by FASD. FASD may be under identified due to a lack of awareness among health and social care professionals, including GPs and Social Workers.

PROTECTIVE FACTORS FOR CHILDREN

Even when parents have alcohol problems children can be protected by positive factors in their lives. These should be shared with parents when talking to them.

Basics needs are met: e.g. housing, food, and clothing.

Structure: routines are in place – children feel safer when life is predictable.

Positive relationships: particularly with family members who don't have problems with alcohol.

Counsel: someone to talk to in confidence about what's happening at home.

Positive support: supportive relationships both inside and outside the family e.g. extended family, or school, youth club, church group, positive friendship networks.

Insight: understanding the parent's behaviour is 'not their fault' and age appropriate information on drink problems and interventions.

Time to play: able, and enabled, to pursue their own interests.

Communication with parents: even when there are problems, good communication between children and parents is vital. This may be especially true if the whole family has been 'tip-toeing' around a sensitive subject like parents' drinking.

RESILIENCE FACTORS FOR CHILDREN

Children are individuals with their own strengths and capacities. The following factors can support resilience in children of alcohol using parents:

Security: they report the experience of feeling cared for and loved – subjectively feeling safe.

Communication: skilled communicators, able to express themselves and have someone to talk to.

Self image: they have a clear sense of self, and positive self esteem despite a negative home life.

Achievements: they can claim to have been able to succeed in some activity and take credit.

Understanding: they can appreciate some of the difficulties parents face and may recognise positive attempts to change and do better.

Opportunities to promote resilience for young people are part of care planning. This complements and doesn't dilute expectations of responsibility from parents.

Resilience is not the same as maturity. Young people who have experienced poor parenting may need opportunities to be less mature. This might include more time with peers and time for play and fun.

IMPACT ON THE FAMILY

Alcohol problems can be disruptive to the wider family. It is quite common for the extended family to withdraw from the drinker if they feel let down by their behaviour. This has a number of negative consequences:

- ★ Reduced support for the drinking parent.
- ★ Less support for any partner – especially if they are perceived to have an alcohol problem as well.
- ★ Reduced support to children – for example, less care as in ‘babysitting’ and fractured relationships with grandparents, aunts, uncles.
- ★ Less oversight of the children by the family so less chance of identifying a deteriorating situation.

Family members have a right to an assessment of their needs. Even estranged family members may be a valuable source of support for children and the drinker.

Work to engage wider family members can both support drinkers in making changes and enhance child safety.

One effective model you can use to support family members suggests **5 steps** (Copello et al. 2000*):

- 1** Giving them the chance to talk about the problem
- 2** Providing relevant information
- 3** Exploring how they cope / respond to the drinking
- 4** Exploring and enhancing their social support
- 5** Exploring the need for and the possibilities of onward referral for further help and support.

ASSESSMENT: KEY SKILLS & TASKS

The key skills for assessment and intervention are good communication and engagement skills, and the ability to build positive working relationships with service users.

“Don’t make everything about the alcohol use.”

Using these skills, Social Workers need to be able to:

- ★ Identify the nature and extent of alcohol use, including reasons for use.
- ★ Explore its impact on their functioning, parenting abilities, and its impact on other family members.
- ★ Conduct a brief alcohol assessment.
- ★ Offer brief advice/motivational support to change.
- ★ Refer on to specialist substance use services.

You may have locally agreed alcohol assessment tools in use by health and social care services. If you don’t, local alcohol services can advise you.

The key to talking with people about their alcohol use is asking the right questions in the right way.

N.B. *How you raise the issue is probably more important than what you say. The right tone is vital.*

Motivational Interviewing is one highly effective approach when working with drinkers. To be proficient in MI requires training, however its key principles of **listening with empathy** and **support for positive change** are key social work skills.

ASSESSMENT: CHALLENGES

Communication with people who may be **under the influence** of alcohol can be hard. You may need to return at a different time – be persistent – don't give up.

The first pocket guide, '**Alcohol and Other Drugs**', offers examples of questions to help identify and assess someone's alcohol use (see p.15).

Fear and stigma will often lead people to **minimise** or **deny** the significance of their alcohol use:

- * Explain your role.
- * Express any concerns about their drinking and its impact on parenting behaviour.
- * Highlight the positive aspects of their parenting.
- * Stress that social work is not all about removing children. Even where there are alcohol problems, social work is about solutions and support.

Crisis Intervention

Where there are immediate safeguarding concerns, there may not be much time for ongoing discussion. Therefore, *what you say and how you say it* are more important than ever:

- * Explain your concerns.
- * Offer choices about support and intervention.
- * Explain clearly what may happen next.

Crises can be motivational and may tip the balance towards positive change.

SOCIAL WORK INTERVENTION

Most social workers do not specialise in substance use but can offer non-specialist interventions. Once alcohol problems are identified, there are two main options:

- 1 Onward referral to an alcohol service or family alcohol service for full assessment.
- 2 Brief interventions by you including offering advice and information, e.g. leaflets and information.

Share knowledge with parents about protective factors and support them to put these in place. If referring to specialists, stay involved to offer a safety net in case it doesn't work out. You may be co-ordinating a wide range of interventions. Information sharing and communication about social work concerns is vital. Establish with other services what information you and they are able to share to avoid misunderstandings later.

Advocacy: when your focus is on child welfare it can be harder to build relationships with parents. For interventions to succeed, service users typically need to feel that someone is on their side. While social workers have the skills to be that person, it may also help if specialist alcohol services are involved and take on an advocacy role.

Peer Support: Alcohol treatment services can advise on local peer support services for parents and children (which may be groups or one to one). Peer support can help sustain positive change made in treatment and enhance parenting capacity.

SPECIALIST TREATMENT

We know that specialist treatment works. Early referrals may help prevent problems escalating. Children benefit if social workers and specialists work in partnership. This requires liaison and continuing follow up.

There are three broad types of specialist treatment. They may be delivered in parallel. Local services vary so find out what is available in your area.

1 Individual treatment for the drinker:

This may start with your assessment. Abstinence or 'controlled drinking' can be treatment goals. Trust specialists' expertise and hear their view.

2 Interventions for other family members:

Can include partners and extended family who may need support whether or not the drinker changes. Family interviews or seeing adults together is not safe if there is current or recent domestic abuse and can escalate rather than reduce risk.

3 Interventions for children:

Starting with assessment these may include the full range of local support services as well as work with and without the parent in family alcohol services.

Be ready: If someone is unwilling to attend an alcohol service, or denies any problem when they are there, there is little specialists can do. They will attempt to explore the person's alcohol use in a sensitive and skilled way but ultimately cannot force a person to stay.

RESOURCES

- * E-learning parental alcohol use: www.scie.org.uk/publications/elearning/parentalalcoholmisuse/index.asp
- * Outcomes framework for young people's services: www.youngfoundation.org/files/images/tcomes_Framework_draft_final_for_publication_3.pdf
- * A workbook for parents (*Free to download*): www.exchangesupplies.org/shopdisp_P108.php
- * FASD UK websites: www.fasdtrust.co.uk and www.fasaware.co.uk
- * National Treatment Agency: www.nta.nhs.uk
- * DrugScope: www.drugscope.org.uk
- * Alcohol Concern: www.alcoholconcern.org.uk
- * Alcohol Learning Centre: www.alcohollearningcentre.org.uk
- * Motivational Interviewing: www.motivationalinterviewing.org
- * Release: www.release.org.uk
- * Social work, alcohol and drugs: www.swalcdrugs.com

General advice about alcohol and other drugs and social work is available from the first guide in this series. All the guides can be downloaded from <http://www.basw.co.uk/special-interest-groups/alcohol-and-other-drugs/>

Reference: Copello, A., Templeton, L., Krishnan, M., Orford, J. and Velleman, R. (2000) A treatment package to improve primary care services for relatives of people with alcohol and drug problems. *Addiction Research*, 8, 471-484.

LOCAL CONTACT INFORMATION

	Name of agency/person	Contact info
Alcohol agency		
Family Alcohol Service		
Carer support		

Our grateful thanks to all the service users and professionals who helped with this guide. Their voices, views and support have been invaluable.

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